

Form CTL-2 Branch or Stamper Location List

Rev. 3/04

Massachusetts

Department of

Revenue

Business name	Name of contact person	Telephone of contact person		Taxpayer Identification number Number of locations (from Form CTL)	
Mailing address	City/Town	State Zip			
setts Department of Revenue, C	TL, Application for All Cigarette Licenses. Complete igarette Excise Unit, PO Box 7004, Boston MA 0	e information must be provid	ded below for each branch or st	amper location. Send this list with Forr	n CTL to: Massachu-
Location of branch or s	tamper				
Name	Street addre	SS	City/Town	Telephone number	Branch or stamper